



# Claims Clues



A Publication of the AHCCCS Claims Department

November, 1999

## ALTCS Contractors Named to Replace APIPA

The AHCCCS Administration has awarded new contracts to two program contractors to serve the ALTCS elderly and physically disabled (EPD) population in Coconino, Graham, and Yuma counties.

Contracts were awarded October 25 to:

Ventana Health Systems for

Coconino County and Yuma County.

Cochise Health Systems for Graham County.

ALTCS recipients in these counties had been served by APIPA. APIPA notified AHCCCS that it no longer wanted to serve the EPD population in those three counties. The change does not

affect APIPA's acute care contract with AHCCCS.

It is anticipated that the transition of ALTCS recipients from APIPA to Ventana and Cochise will be completed on or before December 31.

Questions regarding the change should be directed to John Black at (602) 417-4055. □

## Medicare Crossover, QMB Only Guidelines Offered

AHCCCS is initiating an automated crossover process for fee-for-service claims from providers whose Medicare carrier or intermediary is BlueCross/BlueShield of North Dakota, BlueCross/BlueShield of Arizona, and BlueCross/BlueShield of Texas (Trailblazers).

This includes processing fee-for-service Medicare claims for AHCCCS-eligible recipients and for QMB only recipients. QMB only recipients are not eligible for AHCCCS but are eligible for reimbursement of coinsurance and deductible for Medicare-covered services.

Here are some guidelines for providers to follow:

### QMB ONLY CLAIMS

Prior to October 1, providers were required to send QMB only claims to the TPA.

Until January 1, providers should send QMB only fee-for-service claims to:

AHCCCS Administration  
Attn: Lori Petre  
P.O. Box 25520  
Phoenix, AZ 85002

Providers should write "QMB Only Claims" on the envelope and include the Medicare EOMB with the claim.

The Medicare coinsurance and deductible, if applicable, must be entered in Field 24K of the HCFA 1500 claim form. Enter coinsurance first and the deductible as the second figure. If there is no deductible, enter a zero (0) for the deductible amount.

Coinsurance and deductible must be entered in Field 41 of the UB-92 claim form with the appropriate value codes. Use value code A1 to indicate Part A deductible and A2 for Part A coinsurance, if applicable.

Providers must enter their AHCCCS provider ID and 2-digit locator code in the "PIN#" section of Field 33 of the HCFA 1500. A facility's AHCCCS provider ID number must be entered in Field 51 of the UB-92.

The provider must be registered with AHCCCS, even if only for the purpose of receiving reimbursement for the provider's Medicare recipients.

A provider registration packet can be obtained by calling the AHCCCS Provider Registration Unit at (602) 417-7670, option 5.

Beginning with claims submitted to Medicare in January, if a provider does not receive payment from AHCCCS within 60 days of being reimbursed by Medicare, the provider should call the Claims Customer Service Unit at (602) 417-7670 (Option 4) to check on the status of the claim.

### MEDICARE CROSSOVER

When a provider submits a claim to Medicare for an AHCCCS-eligible recipient, the claim will automatically be crossed over to AHCCCS when Medicare issues reimbursement. Providers no longer are required to submit claims to AHCCCS for paid Medicare claims for AHCCCS recipients. Providers must include their AHCCCS ID number and their Medicare ID number on the claim to Medicare.

If Medicare denies the claim or if the claim is adjusted, a claim must be submitted to AHCCCS.

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## Medicare Crossover, QMB Only Guidelines Offered

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These claims must comply with the claim submission requirements described previously, including submission of the Medicare or Medicare HMO EOMB.

When submitting a HCFA 1500 claim for a Medicare HMO member, the charges in Field 24F must be the provider's billed charges, not the co-pay amount. The co-pay amount must be

entered in Field 24K as coinsurance with a zero entered as the deductible.

All Medicare crossover claims will be identified on the provider's remittance advice. □

## Providers Must Update Medicare Information

In order for the AHCCCS Administration to correctly process Medicare claims, provider records must include current Medicare information.

The following information must be on file with the AHCCCS

Provider Registration Unit: Medicare ID number, Medicare coverage, Intermediary name and/or Carrier name, begin date and end date (if applicable).

A form that providers should use to submit this information is

attached to this issue of *Claims Clues*. Providers who have questions about submitting the information requested on the form should contact the Provider Registration Unit at (602) 417-7670 (Option 5). □

## Make Appointment to Discuss Claims Issues

Providers who wish to meet with a representative of the AHCCCS Claims Customer Service Unit to discuss claims issues should schedule an appointment.

Scheduling an appointment will allow the Customer Service Unit to research the provider's recent claim history and be better prepared to respond to specific issues. Scheduling an appointment

also will ensure that a Customer Service representative is available to meet with the provider.

Providers can call (602) 417-7670 (Option 4) to schedule an appointment. □

## Coding Corner

The AHCCCS Administration has made the following changes to its Reference subsystem:

### Provider type 22 (Nursing home)

- Add Z3621 and Z3648 effective 04/01/99.

### Provider type 36 (Assisted living home [formerly ACH])

- Add Z3125, Z3126, and Z3127

effective 10/01/99.

### Provider type 74 (Alternative residential facility)

- W2100, W2210, W2300, and W2351.

### Provider type 77 (Mental health rehabilitation)

- W2052, W2100, W2210, W2300, W2350, W2351,

- W2400, W2402, and W2403.

### Provider type 79 (Vision center)

- 92002, 92012, 92060, 92065, 92081, 92082, 92083, 92393, and 92499 end-dated effective 09/30/99.

### Provider type 81 (EPD HCBS)

- Add Z3645 and Z3646 effective 10/01/94. □

## Manuals, Fee Schedules Available on Web Site

The AHCCCS *Fee-For-Service Provider Manual*, capped fee schedule, and numerous other documents are available on the agency's Web site.

The AHCCCS home page address is [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us)

To view the *Fee-For-Service Provider Manual* and the *AHCCCS Medical Policy Manual*:

- Click "Publications," then click "Guides and Manuals."

- Click the appropriate manual.

To obtain fee schedules:

- Click "Publications," then click

"Fee Schedules" to go to the Fee Schedule Index page.

- Click the desired schedule to download it to your computer.

To view past *Claims Clues*:

- Click "Publications," then click "Claims Clues."

- Click the desired issue. □



**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**  
*Committed to Excellence in Health Care*

**Jane Dee Hull**  
Governor  
**Phyllis Biedess**  
Director

On October 1, 1999, AHCCCS began Medicare Crossover for fee-for-service claims with BlueCross/BlueShield of North Dakota, BlueCross/BlueShield of Arizona and BlueCross/Blue Shield of Texas (TrailBlazers). This includes processing fee-for-service Medicare claims for AHCCCS-eligible recipients and for QMB only recipients. QMB only recipients are not eligible for AHCCCS but are eligible for reimbursement of coinsurance and deductible for Medicare-covered services. If you currently submit your Medicare claims to any of these companies, the claim will automatically be crossed-over to AHCCCS and you will not be required to submit a paper claim to AHCCCS for reimbursement of those services. The exception is if your claim is denied by Medicare or if the claim is adjusted by Medicare.

In order to correctly process your Medicare claims, the following information must be on file with AHCCCS: Your Medicare Provider ID Number, Medicare coverage (Part A and/or Part B), the name of your Part A Intermediary and/or your Part B Carrier (e.g., BC/BS of AZ, BC/BS of ND, BC/BS of TX), begin date and end date (if applicable).

If you have any questions about submitting this information, please contact the Provider Registration Unit at (602) 417-7670 (Option 5). If you have questions related to how your Medicare claim is processed, contact the Claims Customer Service Unit at (602) 417-7670 (Option 4).

| <b>Medicare<br/>Provider ID<br/>Number</b> | <b>Medicare<br/>Coverage<br/>(Part A and/or Part B)</b> | <b>Name of Part A<br/>Intermediary<br/>(if applicable)</b> | <b>Name of Part B<br/>Carrier<br/>(if applicable)</b> | <b>Begin Date<br/>(MM/DD/YYYY)</b> | <b>End Date<br/>(MM/DD/YYYY)</b> |
|--------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|------------------------------------|----------------------------------|
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\_\_\_\_\_  
(Provider Signature)

\_\_\_\_\_  
AHCCCS Provider ID Number

\_\_\_\_\_  
Provider Name (Please type or print only)

\_\_\_\_\_  
Date

Mail this form to: AHCCCS Provider Registration Unit  
MD 8100  
701 East Jefferson Street  
Phoenix, AZ 85034

Fax this form to: AHCCCS Provider Registration Unit  
(602) 256-1474